



Public Protection Cabinet
 Department of Housing, Buildings And Construction
 Division of HVAC
 101 Sea Hero Road, Suite 100
 Frankfort, Kentucky 40601-5405
 (502) - 573 -0395, Fax (502)-573-1401

Permit No. _____

Cost of Permit _____

Date _____

HVAC CONSTRUCTION PERMIT APPLICATION: COMMERCIAL BUILDINGS

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

Location _____
 (Street) (County) (City) (Subdivision)

Owner's Name _____ Address _____

Case number _____ Plan number (if applicable) _____

CHECK EACH BLANK THAT APPLIES: ☐ New Construction ☐ Existing Unit

Value of Project _____ Cost of Permit _____

Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee
\$2,000 or less	\$75	\$100,001 to \$150,000	\$550	\$500,001 to \$600,000	\$1,500	\$1,100,001 to \$1,200,000	\$2,650
\$2,001 to \$10,000	\$150	\$150,001 to \$200,000	\$660	\$600,001 to \$700,000	\$1,650	\$1,200,001 to \$1,300,000	\$2,850
\$10,001 to \$25,000	\$225	\$200,001 to \$250,000	\$770	\$700,001 to \$800,000	\$1,850	\$1,300,001 to \$1,400,000	\$3,050
\$25,001 to \$50,000	\$275	\$250,001 to \$300,000	\$890	\$800,001 to \$900,000	\$2,050	\$1,400,001 to \$1,500,000	\$3,250
\$50,001 to \$75,000	\$325	\$300,001 to \$400,000	\$1,000	\$900,001 to \$1,000,000	\$2,250	\$1,500,001 and above	\$3,450
\$75,001 to \$100,000	\$435	\$400,001 to \$500,000	\$1,350	\$1,000,001 to \$1,100,000	\$2,450		

Inspections	Date	Inspector	Remarks & Notes

The Department of Housing, Buildings And Construction, Division of HVAC, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately.

Master HVAC Signature _____ License No. _____

Complete Address _____

Office / Home Phone Number _____ Mobile Phone Number: _____

